been smoothed out from stretching. Posteriorly, the cyst was attached to the anterior lip of the cervix, but anteriorly it was so intimately associated with the anterior vaginal wall that its exact delimitation was impossible. At operation, no plane of cleavage could be found here, and it was necessary to resort to sharp dissection with scissors in order to free the cyst, during which process it was ruptured, with the discharge of a quantity of blackish, tar-like material. A portion of the cervical lip was excised with the posterior portion of the cyst wall. The walls of the cyst were about 2 mm. thick, and were covered on the external surface by vaginal mucosa; the lining of the cyst cavity in this instance, however, was composed likewise of stratified squamous epithelium, no cells of the columnar type being found anywhere. Dambrin considers that all true cysts of the cervix may be divided into two groups: (1) Mucous cysts, of inflammatory origin, arising from the normal cervical glands as a result of obliteration of their outlet, and being, therefore, entirely analogous to the small, exceedingly common "ovula Nabothii." (2) Cysts arising from epithelial remains of embryonal structures in the uterine wall. Both remains of the Wolffian system (Gärtner's duct), and of the Müllerian ducts come into consideration here, the former much more frequently than the latter, however. In the case of cysts lined by *squamous* epithelium, such as the second specimen described by Dambrin, he considers the origin from Müllerian remains beyond question, but where the cyst is lined by *cylindrical* epithelium, as in his first case, the problem becomes more difficult. If the cells are definitely ciliated, or if a fairly definite muscle layer surrounds the cyst cavity, an embryonic (Wolffian) nature may be assumed, but where these characteristics are absent, the diagnosis from a mucous cyst, of inflammatory nature, may be exceedingly difficult or impossible. Such is the situation with regard to the first case reported, though Dambrin is inclined to place it in the inflammatory rather than in the embryonal group.

HYGIENE AND PUBLIC HEALTH

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Experimental Beriberi.—WELLMAN and BASS (*Amer. Jour. Tropical Diseases and Preventative Medicine*, August, 1913, i, No. 2, p. 129), report a series of experiments to determine what common articles of diet other than rice will cause polyneuritis in fowls, and especially to ascertain whether the glucose and talc found on commercial polished rice, as milled in local mills, is the cause of polyneuritis. They found that in chickens fed exclusively on polished rice, *ad libatum*, the average daily consumption of glucose was 0.125 grams per day and of talc

0.0625 grams per day. It was found that when glucose was fed in amounts fifty times as much as a fowl would get in an exclusive diet of polished rice, and talc in amounts one hundred times as much, that neither will produce polyneuritis in fowls. It was then found that the glucose and talc, added in large amounts to rice polish, in no way prevents the cure of polyneuritis. The various foodstuffs used by Wellman and Bass in their experiments and the number of days it took to produce a polyneuritis follows: Sago, 20½ days; boiled white potato, 24½ days; boiled milled rice, 27 days; corn starch, 32 days; milled rice, 33 days; wheat flour, 34 days; corn grits, 36½ days; boiled sweet potato, 38 days; cream of wheat, 39 days; puffed rice, 39½ days; macaroni, 40½ days. As a result of their work Wellman and Bass conclude as follows: (1) Glucose and talc, when fed together or separately do not produce *polyneuritis gallinarum* in birds receiving a diet which does not itself produce the disease. (2) Glucose and talc in large amounts do not prevent prompt recovery from *polyneurotis gallinarum.* (3) *Polyneuritis gallinarum* can be produced by feeding milled rice and many other food substances which have neither glucose or talc on them. (4) Glucose and talc, therefore, play no part in the production of *polyneuritis gallinarum* which results from an exclusive diet of polished rice. (5) These experiments indicate that legislation or regulations against the sale of polished rice, based upon the fact that *polyneuritis gallinarum* results from feeding it as an exclusive diet, are not warranted. (6) The evidence here presented indicates that several other common articles of diet produce *polyneuritis gallinarum* as certainly as does rice, either polished or unpolished: in three instances these other foods produced the disease in quicker time than did rice. (7) There is, therefore, more argument against the sale of these common articles of diet, sago, Irish potatoes, and corn starch, than there is against the sale of rice, "polished" or "unpolished" milled or undermilled.

Perineal Abscess in a Typhoid Bacillus Carrier.—L. Levy (*Deutsche medicinische Wochenschrift,* July 31, 1913) reports on the original illness of a patient which occurred at the age of fifteen in January, 1907. The patient remained in the hospital until August of the same year and was then discharged as a bacillus carrier inasmuch as the urine contained constantly typhoid bacilli. During the ensuing years the patient suffered considerable from urinary difficulties, and in 1911 he was refused enlistment in the army because of a purulent discharge from the urethra. In September, 1912, he was admitted to the hospital because of perineal abscess which, upon being opened, discharge thick, creamy pus containing typhoid bacilli in pure culture. The pus cavity connected directly with the urinary passage. The persisting urinary fistula was corrected by operation in February, 1913. The treatment of this case had been undertaken a number of times with urotropin but without result. That this man had been a serious cause of illness for those brought in contact with him is shown by the fact that in 1907, 9 of his associates came down with the disease; in 1908, 6 persons; in 1909, 4 persons; in 1910, 27 persons, and in 1911, 1 person.